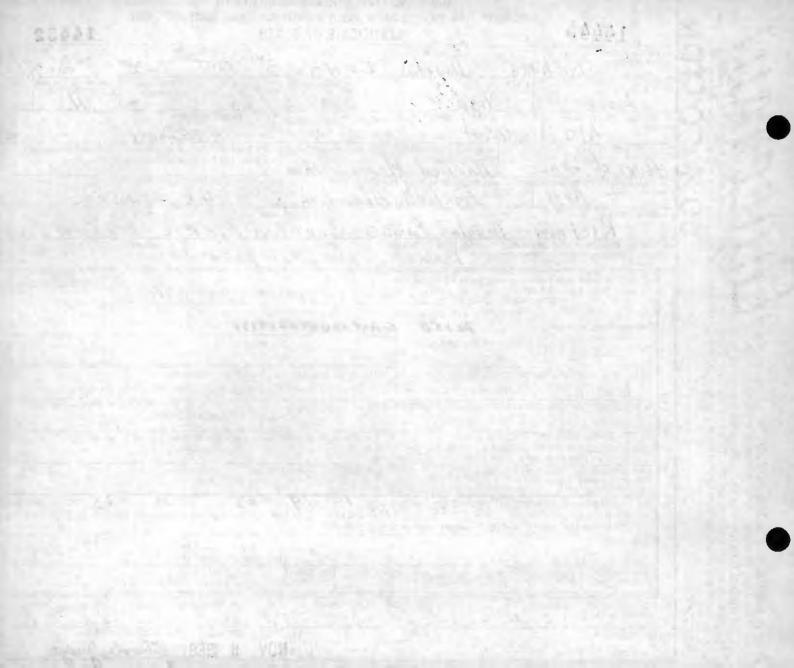
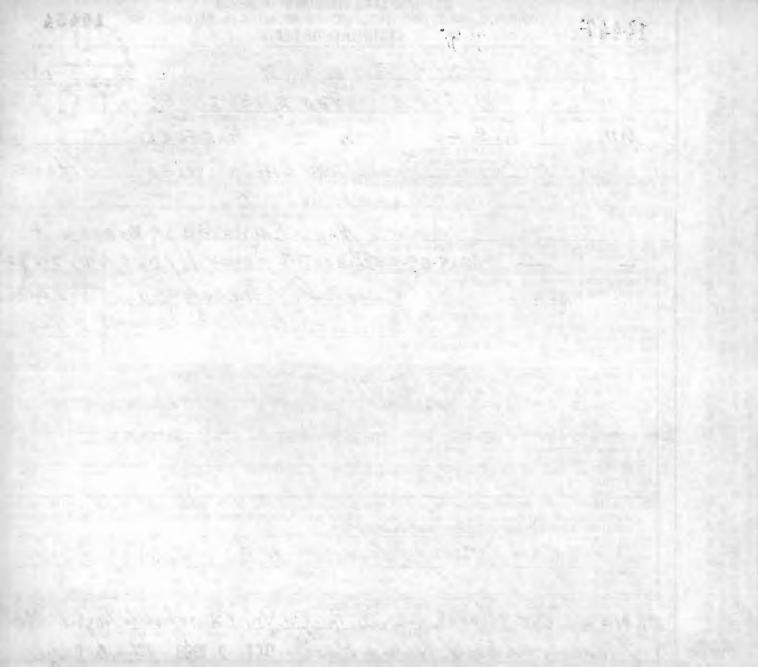
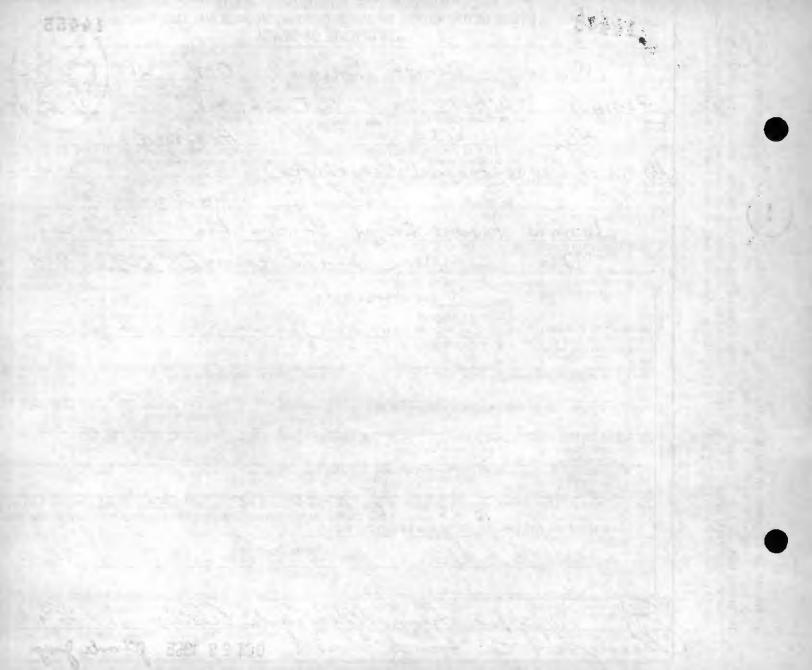


MAKTLAND STATE DEPAKTMENT OF HEALTH



			MAKTLA	IND STATE DEPARTMENT	OF HEALIH			
7-1		A 410 8 66	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET,	BALTIMORE, MA	RYLAND 21201	14454	
		14447		CERTIFICATE OF DEA				
2 22 -	1 DE	CEASED-NAME AC)	First / Middle	Last	2g. DATE OF	DEATH	12	b. HOUR
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ter fee	3. SE	1	4. RACE	S. DATE OF BIRTH	100 -	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UN	
s a		1 cmak	e Nhile	TEB, 2	1892	76 YRS.		
व देश है		IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF	DEATH		
4 E 22	COUR	MO.	U.S.A.	WIDOWED DIVORCED	HAR	FORD		Md.
lled in 3	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in hospital 12	o. USUAL OCCUPATION	(Kind of work done	12b. KIND OF BUSIN	ESS OR
# # 15 66	1	large do-1	RAPP give street address)	112-11-20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ring mast of working	life even if retired.)	INDUSTRY 40	ME
d w	13a.	USUAL RESIDENCE (Where de	ecegsed lived, if institution; Residence before	re 13c CITY OR TOWN 13d INSI	DE CITY LIMITS? 13e. ST	REET AND NUMBER		7/-
ICIAN: The low requires that the death certificate be executed within 24 hours after death pital or ottending physician. Trificate has been signed by the ottending physician and completely filled in by the funeral of for use os the buriol-transit permit. Then please remove corban pages and of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death	admi	ssian) STATE	of 13b. COUNTY Har Ford	huse harille YES	NO 🔀	-		
S O E	14. E	ATHER'S NAME First	Middle - Last	15. MOTHER'S MAIDEN 8	NAME First	Middle	La	ıst
2 E = E		Hon	7/PH 3/15	MARU F	MMA S	CAR BO	RAUG 1	4
a Son	16a.	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURI	TY NO. 17. INFORMANT	T	Address		
The low requires that the death certifical ottending physician. has been signed by the ottending physics os the buriol-tronsit permit. Then ple the prior to buriol, cremation, or removal,		es, na, ar unknawn) (If yes	give war or dates of service) 218-09	-005 THIBERT HI	JONES	HYDES.	110,21	082
ph ph		ID CAUSE OF BEATH /Code				1 -	APPROXIMATE IN	TERVAL
ding in		PART I. DEATH WAS CA	er anly one cause per line for (a), (b), and AUSED BY:	Con froll	/ Kismi	Low	BETWEEN ONSET AN	Less
dea mit or			MEDIATE CAUSE (a)	Cerema 1.	Micorga	2 () 0	4 00	VW.
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the the mat		Canditians, if any, which go rise to immediate cause ((b)		enout t	10 1000	1 0 /	
da. the		stating the underlying cal		OF				
sici sici		last.	(t)					
phydul		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ISE OR CONDITION GIVE	N IN PART 1(a)		
or reen to	×	4221	Diapeles Y	Mellilles				
lov be be t sc rior	ATIC	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY?		YES, WERE FINDINGS CO	NSIDERED IN CERTIFY	ING
The off	CERTIFICATION			YES [NO [OF DEATH?		
or o		21a. ACCIDENT WAS UNDER	The state of the s	21c. HOW INJURY OCCURRED	(Enter nature of inju	ry in Part 1 or Part 2, 1t	em 18.)	
E E E E E E E E E E E E E E E E E E E	MEDICAL	OR CONTRIBUTING CAUSE OF		19				
PHYSICIAN: e hospital or his certificate stached for u Dept. of Heol	MED	21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.		F.D. Na. City	or Town	County	State
P.H. P.H. Pistac Dep		While Nat while at wark	OFFICE BUILDING, ETC.					
ate date		220 Leartify that (1)	(this hasnital) attended the dece	ased from 9-27	19/2×. to	10 -10 191	2 X . that (1)	(we) lost
Africa September 1		saw the decease	(this haspital) attended the dece	192, and that in (my) (au	or) apinian death	accurred on the dat	e and hour and	fram the
ATTENDING stained by th CTOR: After I should be d		causes stated ab	pave, (I) (we) (did) (did nat) view to	ne bady after death.				
A S C S S S		22b. SIGNATURE	0511 Hall	WATTENDING O	a MED.	STAFF 22c. D	ATE SIGNED	
OR De red ved ved ved ved ved ved ved ved ved v		- No ce	Graffine,	DEGREE PHYS.	MED. DIRECTOR	PHYS.	17/60	_
A P P P P P P P P P P P P P P P P P P P	1	22d. PHYSICIAN'S		22e, ADDRESS		/	6	
ERA d book		NAME (Type)						
O HOSPITAL OR ATTENDING PHYSICI Poge 4 moy be retained by the hospit o FUNERAL DIRECTOR: After this certification, page 3 should be detached should be filed with the State Dept. of	23a.		23b. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATI	ON (City or Town)	(Egunty) (St	tate)
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	24.	FUNERAL DIRECTOR	- die L-1 1 ADDR	FSS //10 25a.	NEC'D BY REGISTRAR	25b. REGISTRAR'S		
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1229 film #40 MARYLAND STATE DEPARTMENT OF HEALTH



	B.	MARTIAND STATE DEPARTMENT OF HEALTH
1		14451 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14458
		CERTIFICATE OF DEATH
No. 10		DECEASED-NAME First Middle Last / 20 DATE OF DEATH 2b HOUR
TA BEE		(Type or print) 105977 P Dog K. Month Dry = Yegr 57 M
を記事	3. 5	S DATE OF BIRTH 6 AGE (In years Funder 1 YEAR IF UNDER 24 MRS last bighteday) MONTHS DAYS HOURS M N
rs a Page Jrs a		16 MM F While 4/10/1896 12 YRS
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ate		a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no portunknown (Type gove war ar dotes of service) 16b SOCIAL SECURITY NO 17 INFORMANT Address
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deat trend rmit.		IMMEDIATE CAUSE (a) With at 1.122 Contin a Cocaracter and
the are it pe		Candillans, if any, which gove) Due TO, OR AS A CONSEQUENCE OF Candillans, if any, which gove)
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reque ph sign sign phus sign phus phus phus phus phus phus phus phus		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)
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he le la	CERTIFICATION	YES NO CAUSES OF DEATH?
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Pitch Pitch of for of H	MEDICA,	□ OR CONTRIBUTING □ CAUSE OF DEATH (If either, natify medical examiner) P.M. 19
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be defacted for use as the burial-transit permit. Then pleas should be filed with the State Dept. af Health prior to burial, crematian, ar remayal, and	2	While Not while (OFFICE BUILDING, FTC.
NG y the e de de de de		22a 1 certify that (1) (this haspital) attended the deceased from June 12, 1955, to 10/23, 1968, that (1) (we) loss
OR ATTENDING be retained by the JIRECTOR: After in e 3 should be d	L	22a 1 certify that (1) (this hospital) attended the deceased from June (2), 1955, to 1073, 1968, that (1) (we) lass sow the deceased alive an 1073, and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death.
Ton tain the	П	22b CNATHEE () C DATE SIGNED .
OR your be re all week w	П	DEGREE PHYS. DIRECTOR
AL Page page fill be f		276. PHYSICIAN'S NAME (Type) 278 ABDRESS 1 278 ABDRESS
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O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil	230	O BURIAL CREMATION 236 DATE 230 NAME OF CREMATORY 230 LOCATION (City or Town) (County) (State)
	24.	FUNERAL DIRECTOR ADDRESS SON REC'D BY REG STRAK 256 REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV 1768		LOO 10. College of Curerelle April 31 1968 Charles Indae



	1	f .		MD STATE DEPARTMENT O		
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
1/3	1	14452		CERTIFICATE OF DEAT	H	14459
± −2.₹		CEASED-NAME First	, M.ddle	Lost	20. DATE OF DEATH	2b. HOUR
er death funeral : 1 and ter death	- {	(ype or print) Chai	res	DUVOISIN	October 12	5 1968 5 AM
fur fur ter	3 51	X	4. RACE	S. DATE OF BIRTH	6 AGE (In years	FUNDER 1 YEAR IF UNDER 24 MRS.
24 haurs after death.		MAle	White	Hpril 13, 1		MONTHS DAYS HOURS MIN
by by	70 cou	BIRTHPLACE (Stots or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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within 24	10. C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR gwelstreet optivess)		USUAL OCCUPATION (Kind of work done in graph of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
control w			sed ved, if institution Residence befo	re 13c C.TY OR TOWN 13d INSIDE		Chemical-Drug
	odm	ssion) STATE	LAPP COUNTY	BALTIMORE YES	NO 704 WINA	NS WAY
ind com	14	ATHER'S NAME First	M.adle Lost	IS MOTHER'S MAIDEN NAM		Lost
, i.e.		Jules E	dward Dyvoisin	BE	ErthA	Kunzli
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phy snal		yes w	7/7-02-0	186 Mrs. ElsiE V. I	duveisin Baltimore in	And 21229
and the Hard		1B. CAUSE OF DEATH (Enter on	nly one couse per line for (o), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
se death certifi attending phy permst. Then ian, ar remava		PART I. DEATH WAS CAUSE	ATE CAUSE (0)	near		6 mos.
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sicio sicio ed l al-tr		lost.	(4)			
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and in the state of the state o	NA BIR	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a AUTOPSY?	206. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The after has seed the property of the propert	CERTIFICATION			YES NO	CAUSES OF DEATH?	
are are		210 ACCIDENT WAS UNDERLYIF			Enter noture of injury in Port 1 or Port 2,	Item IB.)
d figured for the second of th	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		or 19		
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that the street of the street	П	22b SIGNATURE .	e, (1) (we) (did) (did ildi) view ii	The body arrel bearing	224	DATE SIGNED
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UNE 4	230	BURIAL, CREMATION, 23b	DATE 23c NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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	24	FUNERAL DIRECTOR	ADDR	250. REC	C'D BY REGISTRAR 2Sb REGISTRAR'	S SIGNATURE
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	1	MARTLAND STATE DEPARTMENT OF HEALTH
		14453 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14400
		CERTIFICATE OF DEATH
£ 6£		ECEASED-NAME A First Middle / Q Last / 2a. DATE OF DEATH 2b. HOUR-
for death funeral fund 1	((ype or print) - Lorence - herck 6 bel Month Day Year 100mm
	3. Si	
# # # # # # # # # # # # # # # # # # #	1	remale While DEC. 18, 1901 lost brinding DAYS HOURS MIN
F 23	70	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		BIRTHPLACE (Store or foreign 76 CIT-ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED NOT NOT OF DEATH WIDOWED DIVORCED NOT NOT OF DEATH WIDOWED DIVORCED NOT OF DEATH WIDOWED DIVORCED NOT NOT OF DEATH WIDOWED DIVORCED NOT DIVORCED
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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 retained by the hosp:tal ar attending physician. ECTOR: After this certificate has been signed by the attending physician and completely filled as should be detached far use as the burial-transit permit. Then please remove carban papel with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72	#/	WREAR- GRACE HAR FORD REMORIAL HOSPITAL during most of working life, even if retired.) INDUSTRY HOME
pplet carr	13a. adm	SJAL RESIDENCE (Where deceased lived, if ashitut on Residence before 13c CITY OR TOWN) 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY HOPE OF A HORSE 12b COUNTY HOPE OF A HOPE OF A HORSE 12b COUNTY HOPE OF A HORSE 12b COUNTY HOPE OF A HOPE
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ex na rem	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
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Sicion (a)		WAS DECEASED EVER IN S ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (as, na, ar unknawn) { (Il yes give was or deletes of service)
o e bhy	<u> </u>	APPROXIMATE INTERVAL
ng p The The emo		18 CAUSE OF DEATH (Enter only one cause per line for (0)-(b) and (c) PART I. DEATH WAS CAUSED BY:
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atte		1967 DUE TO, OR AS A CONSEQUENCE OF
the the sit p		Canditians, if any, which gave
thai by rans		rise to immediate cause (a), (stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires physicio signed l'burial-tr	П	last. (c)
phy sign suri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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be the right	AT60	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
has after the piece of the piec	CERTIFICATION	YES NO CAUSES OF DEATH?
are are		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
Page 4 may be retained by the hospital ar attending physician. • EUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached for use as the burial-transit permit. Should be filed with the State Dept. of Health priar to burial, crematian, ar re-	MEDICAL	Greather, natify medical examiner) P.M. Manth Day Year P.M. 19
HYS hos s cel	×	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
the detection of the de		While Nat while at wark OFFICE BUILDING, ETC.
by the character be constant		220 I certify that (I) (this hospital) attended the deceased from 10 - 2, 1968, to 16 - 16, 1968, that (I) (we) lost sow the deceased arive on 16 - 16 1968, and that in (my) (our) apinion death occurred on the date and hour and from the
R: A		sow the deceased alive an
Trairie de la company de la co		226 SIGNATURE 226, DATE SIGNED
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2 d d d d d d d d d d d d d d d d d d d	1	22d PHYSICIAN S 22e. ADDRESS
D HOSPITAL OR ATTEN Page 4 may be retained 5 FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		NAME (Type) Caster
e 4 boot ourid	230	BURIAL CREMATION, 236 DATE
O HOSPITAL OR A Page 4 may be rette O FUNERAL DIRECT director, page 3 sh should be filed with	6	REMOVALISMAN OCT. 14 1968 LOUDON PARK (EM. BALTO, MD
INK	24	EUNERAL DIRECTOR 250 RECUBER 250 REGISTRAR 250 REGISTRAR'S SIGNATURE
VR A15 (ĀV 认 30M REV. 1/68	A	Madison Mitchell Have de Grace MD DATE OCT 14 1968 Journes Judge





	14455	DIVISION OF VITAL RECORD	s, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH		14462
Ī		irst Middle	lost	2a. DATE OF DEATH	2b. HOUR
1	(Type or print)	ssie	Elsey	Oct. Month 8	74 Year 1:40 ^M
	:. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
L	Female	white	08/28/88	last birthday) 3 80 YR:	MONTHS DAYS HOURS MIN.
	o BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
L	W.Va.	USA	WIDOWED A DIVORCED	Harford	Md.
Ī	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in hospital 120. US	HAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	Havre de Grace	Citizens	Nursing Home	mest of warking life, even if retired HOUSE WIFE	INDUSTRY SAME
	3a USUAL RESIDENCE (Where dec dmission) STATE	eased lived, if institution. Residence before 13b. COUNTY	e 13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 136. STREET AND NUMBER	
L	Md.	Harford Harford	Churchyille	NO Route # 1	Box 526
	4. FATHER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME	First Middle	Lost
ŀ	UN		UNK		
	60. WAS DECEASED EVER IN U.S. Yes, no, or unknown)	ARMED FORCES? live war gy dates-al service) 220-52-	1000	of novis Che	vichille mg
ľ	18 CAUSE OF DEATH (Enter	anly one couse per ine for (a), (b) and (9)	, - \	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
l	PART I DEATH WAS CAL	JSED BY EDIATE CAUSE (0) Care for.	naculas le	cudent	Plus
Т	4129	DUE TO, OR AS A CONSEQUENCE O			
ı	Conditions, if any; which gos rise to immediate couse (a	(b) Chari	= sclartit (V	(les over	5425
1	stating the underlying cou-)F		
П	last	(c)			
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION G VEN IN PART HOL	
ı	z ; . , . Ce 6	crauce of 111	ruma wid	les theules	
1	To DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS		CALISES OF DEATHS	CONSIDERED IN CERTIFYING
	190 DATE OF OPERATION 11	VINC. For Tuer or feeting	YES NO		
		DEATH HOUR A.M. Month Day Yes	ZEC HOW INJURY DECURRED (En	ter nature of injury in Part 1 or Part 2	Z, Item 18.)
	(If either, notify medical exo	miner) P.M.	19		
	While Nat while at work of wark		FACTORY) 21f ŁOCATION Street or R.F.D. N	la Gity or Town	County State
	22a certify that (1)	(this haspital) attended the decea	sed fram, 19.		9, that (I) (we) last
	saw the deceased	alive an ove, (1) (we) (did) (did nat) view th	_i7, and that in (my) (our) a e body after-death.	pinian death accurred on the i	date and hour and from the
	22b SIGNATURE	012111	3 ()	, 22	c. DATE SIGNED/
1	1 9 OKal	ple Horney	DEGREE PHYS	MED STAFF DIRECTOR PHYS	10/8/6F
1	228. PHYSICIAN'S		22e ADDRESS		
1	NAME (Type)	/			
F	30 BUILAL CREMATION 23	b DATE 23c NAME O	F CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
	30 BUNIAL CREMATION 23 REMOVAL (Specify)	0/8/1968 DEN	RAA ALTA FM	. KERADALTA	Wille
1	14 PUNERAL DIRECTOR'	The ADORE	SS Mal 250 REC'D	BY REGISTRAR 1968 REGISTRAS	CORPORE Judge
	A TUNERAL DIRECTOR	Hen Have the	Grow May 250 RECU	CT 14 1968 RESIME	Custos Judge

MAKTLAND STATE DEPARTMENT OF HEALTH



1	ı	14456	DIVISION OF VIT		ATE DEPARTMENT OF N. PRESTON STREET. BAL	HEALTH TIMORE, MARYLAND 2120	1
		11100			IFICATE OF DEATH	,	14463
	(orgia (Middle Cornelia	lost Ford	20 DATE OF DEATH October Manth	Doy 1968 10;20
	3 5	Female	4. RACE Caucas		S. DATE OF BIRTH January 10,		IF UNDER I YEAR IF UNDER 24 ARS MONTHS CAYS HOURS MIN
	COU	BIRTHPLACE (Stote or foreign mitry) Maryland	U.S.A.	WIDO	RIED NEVER MARRIED TO	9. COUNTY OF DEATH Harford	Md.
9	H	avre de Grace	give street	of HOSPITAL OR INSTITUTION oddress Previn IV	ursing Home	JAL OCCUPATION (Kind of work do nost of working ife, even if retire LSIC Teacher	d.) INDUSTRY Filsic
1	odm	USUAL RESIDENCE (Where decedission) STATE Liarylar	nd 13b COUNTY Han	ford A	lberdeen YUN	145 Brann	ion Road
		FATHERS NAME First James	T. For			an Johnson, (D)
	160	(WAS DECEASED EVER IN U.S. AR (es, no, or unknown) (If yes give	war or dates of service)	social security no. 12-50-6171	Mary Bauer,	Addres LL45 Brannon Rd.	Aberdeen, Md.
		18. CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUS! IMMED	nly one couse per line for D BY IATE CAUSE (o)	(a), (b) and (c).)	ARREST		APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
		Canditians, if any, which gove tise to immediate cause (a),	DUE TO, OR AS A	CONSEQUENCE OF	X111 TWG	FFICIENCE	y YEARS
		stating the underlying couse last.		CONSEQUENCE OF		COMPUTION OWEN OF DATE OF	YEARS.
	NOT		. ,			CONDITION GIVEN IN PART I(a)	
ļ	CERTIFICATION	210 ACCIDENT WAS UNDERLYI		PERATION WAS PERFORME	YES NO	CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	iner) HOUR A.M. Mi	onth Doy Yeor		er noture of injury in Part 1 ar Par	
	-	at work st west			11f. LOCATION Street or R.F.D. N	- 4	County State
		22a. I certity that (I) (II saw the deceased causes/stated abay	ns haspital) ettends alive an e,(I) (we)(did)(did	ngt) view the bady of	, and that in (my) (aur) ap fter death.	pinian death occurred an the	1925, that (I) (we) last e date and haur and from the
mly. —man.		226. SIGNATURE Reg (elstas			MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 10-2-68
1		22d PHYSICIANS NAME (Type) Santi	ago Leyte-V	idal, M.D.	22e. ADDRESS 111 W. Be	el Air Ave., Abe	erdeen, Nd. 21001
		REMOVAL (Specify) 3	Oct. 1968	23c. NAME OF CEMETER Spesutia	Cometery	23d. LOCATION (City or Town) Perryman, (Har	(County) (Stote) rford) Maryland
102R	²⁴	FUNERAL DIRECTOR	Tarring	Furfer Ho	me 23 003 DATE OC	BY REGISTRAR 25b. REGISTR T 4 1968 PC	AR'S SIGNATURE



ATE DEPT.	1445	7 DIVISION		I W. PRESTON STREET, BAI AINER'S CERTIFICATE			14464
	DECEASED NAME (Type or Point)	George George	****	Harrison, Sr.		20 DATE KNOWN A OF ESTI DEATH MATED	Month Day Yeor 2b HOUR
3 5	SEX .	4 RACE	5. DATE OF BIRTH	6 AGE (11 Years IF UNDER 1 YEAR	IF UNDER 24 HRS	2c DATE PRONOUNCED DE	
	ale	White	Aug.20,1899	69 YRS. MONTHS DAYS	HOURS MIN	Manth Da	Year 1968 9.36M
70	BiRTHPLACE (State	e or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER M		UNTY OF DEATH	
'J.	alto., l	Md.	U.S.A.		ORCED 🗌	Harford Cou	
10	CITY OR TOWN OF		11 NAME OF HOSPIT. give street address)	AL OR INSTITUTION (If nat in haspite		CCUPATION (Kind of work of working life, evenus ret	
12	Bel A1:		118 Glen	wood Road	36 INSIDE CITY LIMITS?	13e STREET AND NUMBER	
	idmission) STATE	Maryland	13b COUNTY Harford	Bel Air	YES NO	118 Glenwo	
14.	FATHER'S NAME	First	Middle	Lost 15 MOTHER'S MA		Middle	Last
			nkin Harrison			ay Elliott	
16a (1	WAS DECEASED EV Yes, no, or unknow	ER IN U.S. ARMED	100 1000 100		Vife) 838.		Glenwood Road ir, Md. 21014
						DOT W	APPROXIMATE INTERVAL
	PART I. D	EATH WAS CAUSE	ly ane cause per line far (a), (b), D BY: ATE CAUSE (a) ACUZ	E CORONAL	ov Dac	115 1001	BETWEEN ONSET AND DEATH
	111	9 mmeun	ATE CAUSE (a) #COZ DUE TO, OR AS A CONSEQU		7 2000	203 7000	OVER
		ny, which gave		VARY INSU.	FFICIEN	104	2 YRS
	stoting the un	iate cause (o), l derlyina cause (DUE TO, OR AS A CONSEQU			,	7 OVER
	last	,	10 ARTE	RIO SCLEROT	IC CARDI	OVASCULAR	USEASE 4YR
	PART 2 OTHER S	SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM NAL	DISEASE OR CONDITIO	ON GIVEN IN PART I(a)	
×			SEMA , 1	ALCOHOLISM	t .		
CERTIFICATION	190. DATE OF O	PERATION	196. CONDITIO	N FOR WHICH OPERATION			20 AUTOPSY?
RTIFI	DI EVERNIA	C4 CF 1146					YES NO
3	21a. EXTERNAL (PRIMARY OF DEAT	R CONTRIBUTING [21b. TIME OF NJURY Manth, HOUR A.M.	Day, rear ZIC. HOW INJURY C	JEEUKKEU (Enter natu	are of intury in Port 1 or Po	ort 2, Rem 18)
MFDICAL	21d INJURY OCC	JRRED 21e	PLACE OF INJURY (At hame, farm,	street, 21f. LOCATION Stree	torRFD No.	City or Town	County State
	WHILE AT WORK A		ctory, office building, etc.)	_	_	,	,
			ook charge of the remains a	lescribed obove, held on Aut	onsy \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	spection 🔀, Inqui	ry 🗷 , ond in my opinion
		sulted fram:			Hamicide	Undetermined ma	
		20	97/		IIEF MEDICAL EXAMIN		
	ACTUAL SIGNATURE	Thely	Ell Geun	RLA MD AS	SISTANT MEDICAL EXA	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	DATE SIGNED
	EXAMINER'S	Philip V	W. Heuman, M.D.		PUTY MED CAL EXAM	_	Oct.22,1968
	NAME (Type)	307 Hiel	V. Heuman, M.D. kory Ave., Bel A	ir, Md.21014 AD	DRESS(Street, city, to	iwn, or county)	
230	BJRIAL, CREMAT REMOVAL (Spec	TION, 23b.	DATE 23c N	AME OF CEMETERY OR CREMATORY		LOCATION (City or Tawn)	(County) (State)
	A CAMPAGE COMMENDED	-11	12 1968 RAT	Air Memorial Ga	Mane R	ol Ain Henf	0- 363 04044
			TOT			of wife inti	. Co., Md. 21014
24	FUNERAL DIRECTO Soph Wi	OR	W. Bros	dwerps & Williams Md. 21014	2Sa REC D BY REC	GISTRAR 25b REG 5	TRAR S SIGNATURE

ro r the t . 6



MARYLAND STATE DEPARTMENT OF HEALTH



. 1	14450 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14467
	CERTIFICATE OF DEATH
=======================================	1. DECEASED NAME First , Chiggle Lost 20. DATE OF DEATH 2b HOUR
de a	TINNIE LAURIE HILTON October 25 1968 4 AM
after after after	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. 1 OSL-bythday) MONTHS CAYS HOURS MAN.
haurs in by the rs. Page	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARPHED NEVER MAPPIED 9. COUNTY OF DEATH
dd in Pers	WIDOWED DIVORCED HAR FORD MID
within population by the population of the population by the population of the popul	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most at warking life, even if retired.) 12a. USUAL OCCUPATION (Kind at wark done during most at warking life, even if retired.) 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most at warking life, even if retired.)
ent,	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIGE CITY LIMITS? 13e STREET AND NUMBER
company y every	MO HATTORIS HAVE OB GLASS THE TOO FOUNTINO OI,
and rem	14. FATHER NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle Lost
ste b cian ease and i	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO 17 INFORMANT
requires that the death certificate be executed physician. n signed by the attending physician and comply a burial-transit permit. Then please remaye as burial, crematian, ar removal, and in any even	Yes, na, or unknown) (1 yes give war or dates of service) Units. Mrs. James Orvers Flunce Grove Aller
ing p	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
deat tend mit.	IMMEDIATE CAUSE (a) The production of allests
the of	Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Mescatal decrees or
y th gansid	rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
quires the physician. signed by burial-trai	last. (c)
aguir phy: sign burid	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding the	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The faw re attending has been se as the th prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO NO NO PORT OF PORT 2. Item 18.)
ar a	
Pitol Pitol d fo	To contributingcause of Orath HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 21d JNIURY Of GREED 21e PLACE OF INJURY AT HOME, FARM, STREET FACTORY 1 215 (OCATION Street or RED. No. Gity or Town County State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 haurs after. Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filed in by the undirectar, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages should be filed with the State Dept of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after the state Dept of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after the state Dept of	21d. INJURY OCCURRED While at wark at wark at wark at wark
by t by t ffer be d State	220. Lettify that (1) (this hospital) attended the deceased from 10-13, 19-68, to 10-25, 19-68, that (1) (we) las sow the deceased alive on 10-25, 19-68, and that in (my) (our) opinion death accurred on the date and hour and from the
IR. A	sow the deceased glive on
A STATE OF STATES	226 SIGNATURE ATTENDING MED STAFF 22c DATE SIGNED
DIR DE	DEGREE PHYS. DIRECTOR DIPHYS 10-25/65
may RAL r, pa	22d PHTSICIAN'S NAME (Type) 22e. ADDRESS
HOSPITAL Sge 4 may FUNERAL irector, pac	230 (BURIAY, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d ACCATION (City or Town) (Country) (State)
22 6 2 4	REMOVAL (Specify) 10/27/68 and Hell Toponal Mil
VR A15 [4] 30M REV. 1/68	24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR SIGNATURE LISACULOS JULGE DATE OCT 2 9 1968 Clientes Julge
	A LIGHT CALL TO THE WAY THE WAY TO THE WAY T



MARYLAND STATE DEPARTMENT OF HEALTH



1 4 6 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14468 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME First M ddle 20 DATE KNOWN TE Manth Year (Type or Print) EST -Page 7 NELLIF JOHNSON DEATH MATED tment 4 RACE IF LNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH 6. AGE (In years 2d HOUR and PM3. HOURS 78 mdov 12/31/89 White Female YRS 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED IX DIVORCED [Harford Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUT ON (If not in hosp'tol 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address Villizens Nursing Home Housewife Housewife INDUSTRY Havre de Grace Housevife Home 13a USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 3d. INSIDE CITY JIMITS? death. 13e, STREET AND NUMBER admission) STATE 13b. COUNTY Harford YES MO TO Route Gilbert Road Aberdeen be executed within 24 hours IS, MOTHER'S MAIDEN NAME 14 FATHER'S NAME First M. adle First Middle Last pency in ite D 'n. John Leight Lavinia Shields haurs the Chief Medical Examiner's pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, ng, or unknown) Odessa Hughes, 416 Breslin Rd. Joppatowne 213-28-0850-D File 72 within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) permit BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BYpending IMMEDIATE CAUSE (a)_ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) O removal, CERTIFICATION used 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO F YES 🔲 þe Б 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Enter nature of mury in Part 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. **EXAMINER:** crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE Of NURY (At home form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) DIRECTOR: Page WHILE NOT WHILE AT WORK burial 22a. I certify that I took charge of the remains described above, held an Inquiry TX Autapsv Inspection and in my apinian retained death resulted fram Natura: causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER FUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER may **EXAMINER'S** TO FUNE Health NAME (Type) Gerald C. Palmer. ADDRESS(Street, city, town, or county) Maryland the 23b DATE 23o. BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) REMOVAL (Specify) 4 Oct. 1968 Spesutia Episcopal Cemetery Perryman Maryland Tarring Functial 25b REGISTRAR S S GNATURE 25g REC'D BY REGISTRAR VR A15ME (5) Aberdeen, Md. 21001 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



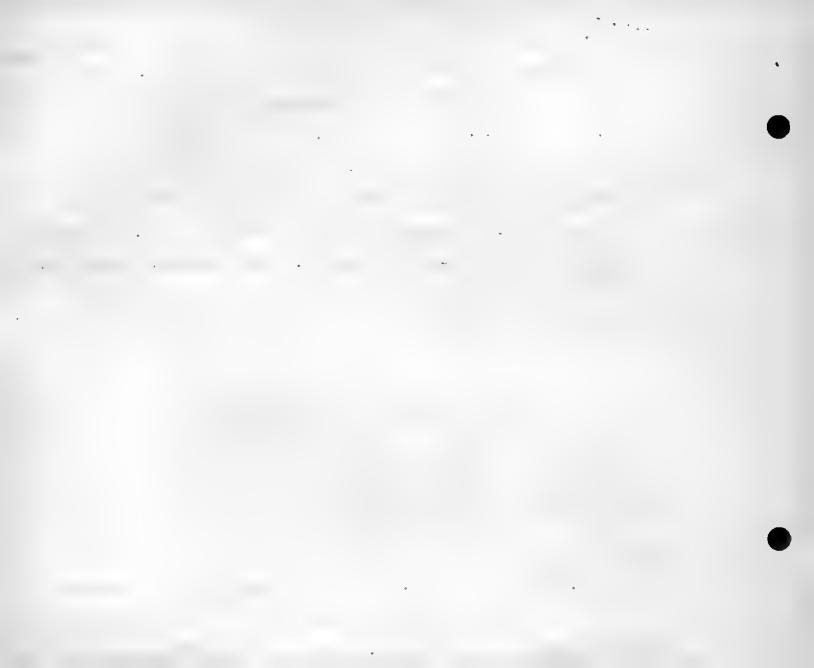
MARYLAND STATE DEPARTMENT OF HEALTH



Samuel Control of the Party of	-	41100		D STATE DEPARTMENT OF		
1 4		14463		301 W. PRESTON STREET, BAI		14470
{		CERTIFICATE OF DEATH				
funerol is 1 and 2 fer death.		CEASED NAME ype or print)	M.ddle	, Lost	20. DATE OF DEATH Month 10 Do	Y & Yeor & L DM
fun 1 c	3 SE		RACE	S DATE OF BIRTH	6. AGE (In years	IF UNCER 1 YEAR IF UNCER 24 HRS.
nours after deoth		7)	iu*	2/12/188	last birthday) YRS.	MONTHS CAYS HOURS MIN.
bound by by	7o. l	IRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	,
n 24 ho		11.0.	U 1/1	WIDOWED DIVORCED	1100	
	10 0	Ft as a de	11 NAME OF HOSPITAL OR IN give street oddress)	ST TATION (If not in hospifal during	JAL OCCUPATION (Kind of work done most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
executed with completely remove corbon	13a	OSUAL RESIDENCE (Where deceas	ed lived, if institution. Residence/before	13c CITY OR TOWN 13d INSIDE CITY		/ . 3
comi ove y ev		11/4	Til role	Vortigue C	NO 1 / 104 4'	1.17
	14 1	ATHER S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME		Last
sicion please	160	WAS DECEASED EVER IN U.S. ARM	AFD FORCES? 166 SOCIAL SECURITY	NO 17 INFORMANT	Address Address	2/
hysicio nol, an	Y	es, na, ar unknown)	var or dates of service) Links	Marin / Jung	Chrolitin /	Fin md
movo movo		18. CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), and (c)	11-11	1 CHEMICAL O	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
le death ce ottending permit. The		PART I. DEATH WAS CAUSE	ATE CAUSE (0) Has Per	atory tailure		
ottendi permit.		491X	DUE TO, OR AS A CONSEQUENCE OF	1	14:	
if the		Conditions, if any, which gave	(b) Falms	nary tersus	Lacunary	
that n by t cans		rise to immediate cause (o), (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF	12,	la to	.4
The faw requires that the death ottmding physicion. has been signed by the ottendin se as the burial-transit permit. Ith prior to burial, cremation, or re		lost. 3 /	10 tulmina	ry Emphypuns	Chrome Bringh	Tis
aduil phy sign buri		PART 2 OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT N	OF TELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(0)	A
ing een rhe	NO	(Irliniorcle	rote Heart 1)	sease e longe	The Heart 4	aline _
The faw randing ottending has been se os the h prior to	CERTIFICATION	T90 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS P		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
4 5 5 8 4 ₹ ×	XII.			YES NO	4	10.10
YSICIAN: Tespital or certificate for use for u		21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEA'	TH HOUR A.M. Manth Day Year		iter nature of injury in Part 1 or Port 2,	, Item 18.)
Spirit sp	MEDICAL	(If either, notify medical exomi-	ner) PM. 1	9	Na Ciba as Taum	County State
ATTENDING PHYSICIAN: atoined by the haspital or CTOR: After this certificate should be detached for u ith the State Dept. of Heol	-	While I Not while I	PLACE OF INJURY (AT HOME, FARM, STREET FA	(CTORY) 211 LOCATION Street or R.F.D	No. Gty or Town	County State
AG the de de de de de		at wark ot work 22a certify that (i) (th	is haspital) attended the deceas	ed from 10 - 2 . 19	10x.10 1 0 - x .11	that (1) (we) last
d be d be e Steel		saw the deceased a	tive on 10 = 2	ed, from 10-3, 19 1904, and that in (my) (aur) a	pinian death accurred an the d	ate and haur and fram the
A This County	1		e, (1) (we) (did) (did nat) view the	bady after death.	Len	DATE COALD
OR A be mit be mit be a 3 st ed with	1	226 SIGNATURE	romatil Mil	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	DATE SIGNED
N by	1	22d. PHYSICIANS	- Maria	22e. ADDRESS	Miller A	16 W
SPITA 4 mo IERA or, p		NAME (Type)	EN MONA	KI SHIVIN	nion/tve. Ha	ive de wood, a
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the sage 4 may be matoined by the haspital or otherding physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-transhould be filed with the State Dept. of Health prior to burnal, cre	23a	BURIA, CREMATION, 23b.	DATE 23 NAME OF	CEMETERY OR CREMATORY	23d LOCATION (C ty or Town)	(County), (State)
5= 5	30	FLIMERAL DIRECTOR	ADDRESS	250. RECE	D BY REGISTRAR 256 REGISTRAR	FRIENCISI MARKET
30M REV TEAL	C	month 1	2 / Smud.	/// /N/	CT 1 4 1968 REGISTRAR	
1,4						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED NAME Last First Middle 20 DATE OF DEATH ecuted within 24 hours after death (Type or print) Month Florence LaRae Edna October 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IE LINDER I YEAR IF TINDER 24 HRS last birthday) MONTHS HOURS Female Caucasian 1908 September 28. 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Penna. U.S.A. WIDOWED SOD DIVORCED Harford burial-transit permit. Then please Teinave carban page burial, crematian, ar remaval, and in any event, with M. I 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH INDUSTRY Home 12b. KIND OF BUSINESS OR during most of working life, even if retired)
Housewife give street oddress) Route #1. Aberdeen 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY LIMITS? odmission) STATE aryland 13b COUNTY Harford YES [] NOKK Route #1 Aberdeen 14 FATHER'S NAME First Middle Last IS MOTHERS MAIDEN NAME First Middle George W. Shenk (D) Mabel R. Dettinger 16a WAS DECEASED EVER IN US ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT requires that the death certificate Address Yes, no, ocunknown) 1 (If yes give war or dates of service) 215-16-6278 Mabel R. Shenk. Route #1. Aberdeen. Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY arun om 9 IMMEDIATE CAUSE (c) signed by the burial-transit p Conditions, if any, which gove) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE JERMINAL-DISEASE OR CONDITION GIVEN IN PART (a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health priar ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 296 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO Z 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) TENDING PHYSICIAN: OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT NOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town Stote County While Not while at work 22a. I certify that (I) (this hospital) stepded the deceased fram 1960, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death 22c DATE SIGNED **ATTENDING** PHYS DIRECTOR 22d PHYSICIAN'S 22e ADDRESS J. Ralph Horky M.D. Churchville. Maryland 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230 BUR AL CREMATION. (County) REMOVAL (Servicty) 22 Oct. 68 Bethel Church Cemetery York County, Pennsylvania DATE OCT 2 3 1968 REGISTRAR'S SIGNATURE Tarring Funeral Home FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Aberdeen, Md. 21001

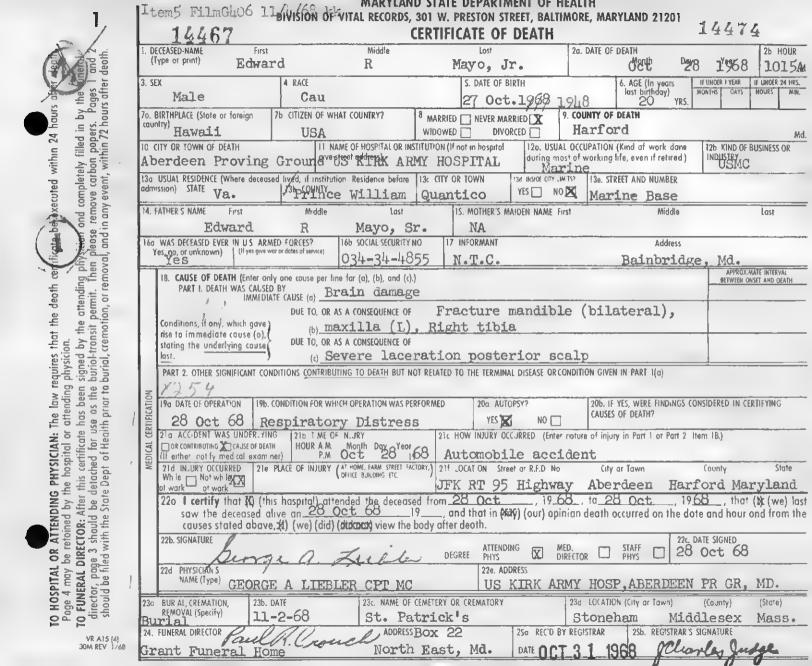


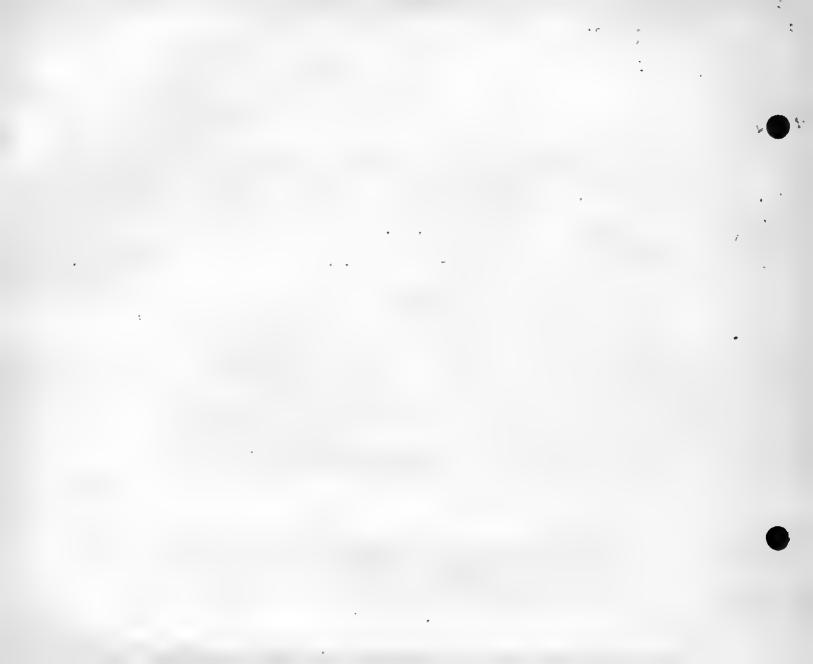
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		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
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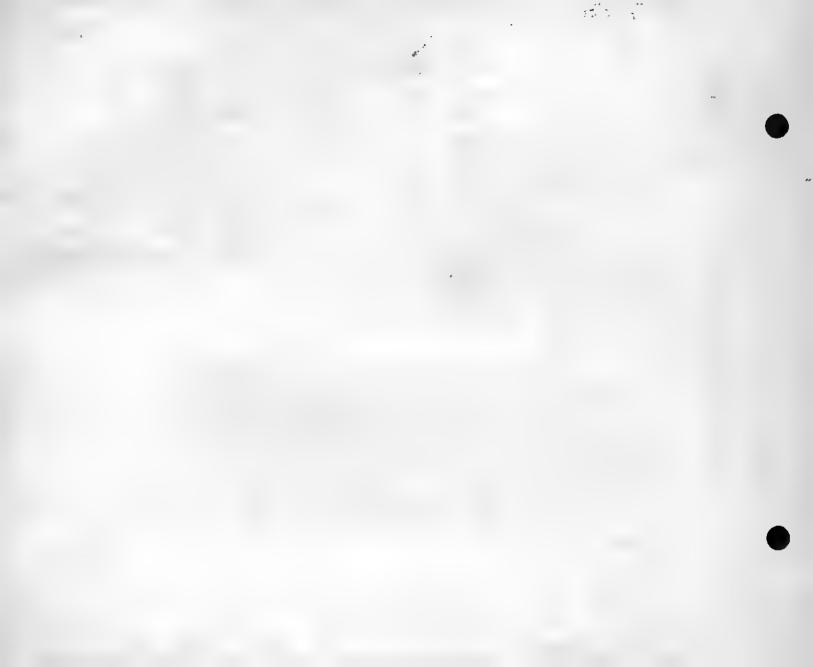
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VR A15 (4)	24	FUNERAL DIRECTOR 250 REGISTRAR 256 REGISTRAR'S SIGNATURE
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9 <u>N</u>	by therefore do do	1	220. I certify that (1) (this hospital) attended the deceased from 10-17, 1968, to 10-29, 1968, that (1) (we) last sow the deceased give on 10-29, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
TEND	Page 4 may be retained by the FUNERAL DIRECTOR: After director, page 3 should be deshould be filed with the State		sow the deceased alive on 10 -24 1960, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.
AIA	ECT S sh with		22b. SIGNATURE ATTENDING MED STAFF 72: DATE-SIGNED
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TIA	RAIL Per per		NAME (Type)
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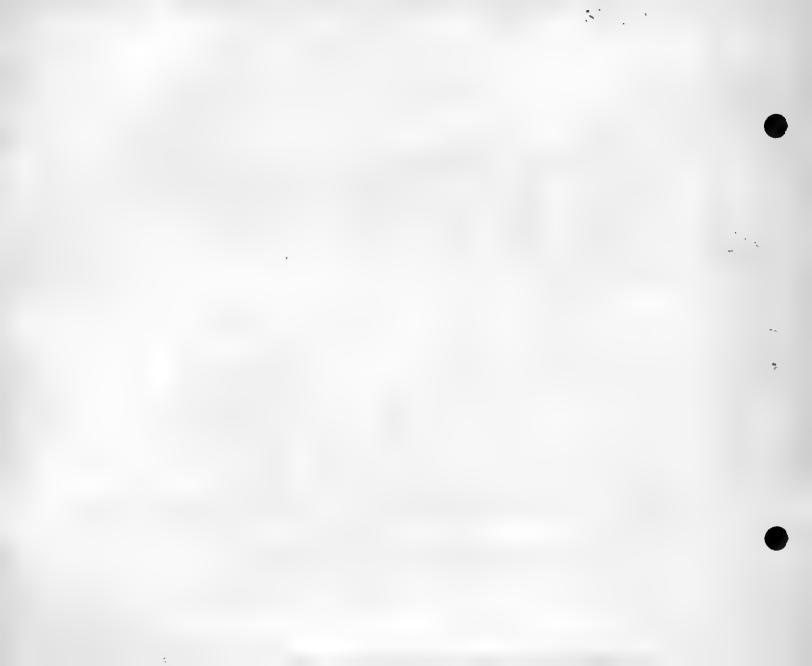


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the day	П	causes stated above	re, (1) (we) (did) (did nat) view the bady after death.	aro and naor and name mo
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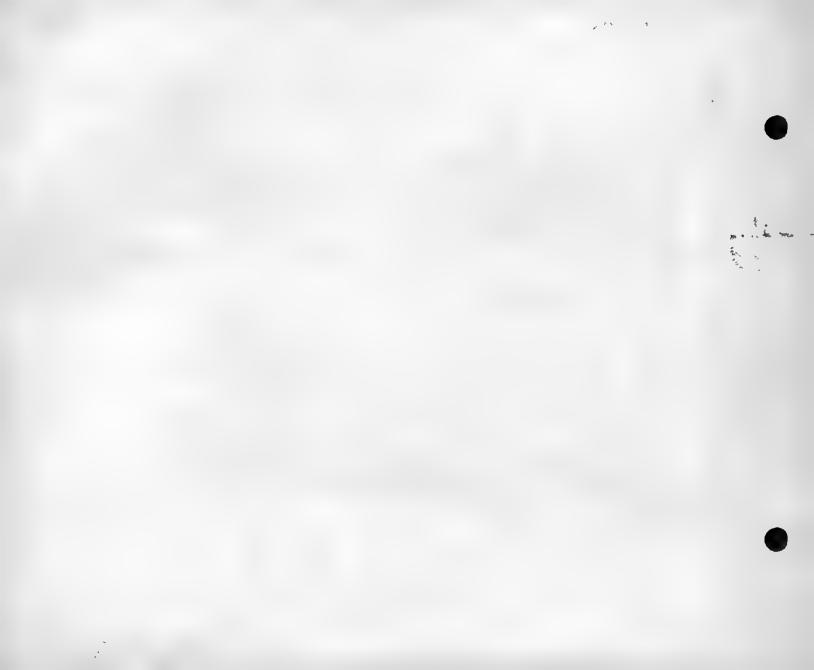


 - 1	12672 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14480
	14486 CERTIFICATE OF DEATH
* ***	
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ad v	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 27/
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requires that the deoth certificate be a physician. It is a physician a signed by the attending physicial of a burial-transit permit. Then pleose o burial, cremotion, or removal, and in	no 215-50-0230 Rosalie Moore Rawle, 2507 Old Joppa Rd. Joppa
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	1	MARTEAND STATE DEPARTMENT OF REALTH
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iffic Adj. p		es, no, or unknown) (the give wor or doles of service) NONE Mrs. Patricia R. Younger Newart, Delaware 19711
no.		APPROXIMATE INTERVAL
Ten Th		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), artio(c)) PART I DEATH WAS CAUSED BY.
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in ate		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 7 or Part 2, Item 1B.)
三	MEDICAL	CIT either, natify medical examiner) P.M. Month Day Year
Sp S	18	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State
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OR ATTENDING PHYSICIAN: The law be retained by the haspital ar attendin DIRECTOR: After this certificate has been 3 shauld be detached far use as the ed with the State Dept. of Health priar		gt wark of wark
Tal Series		220 I certify that (I) (this hospital) attended the deceased from 10-14, 19 68, to 10-25, 19 68, that (I) (we) last sow the deceased alive on 19-25, and that in (my) (our) opinion death occurred on the date and hour and from the
A A A A	1	sow the deceased alive on 1944, and that in (my) (our) opinion death occurred on the date and hour and from the
A S S S S S S S S S S S S S S S S S S S		couses stated above, (1) (we) (and) (did not) view the body ofter death
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P S S S S S S S S S S S S S S S S S S S	230	BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
O P O TANK	3	REMOVAL (Specify) Oct. 28, 1968 BELL Ar MEmorial Gardens BELLAR HARCORD CO. Maryland 21014
- J U		FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 REGISTRARS SIGNATURE
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		JOSEPH William roster BEL Arr, Manylord 21014 DATE UC 28 1968 Cuarles Judge



N/MANNEY.		MARYLAND STATE DEPARTMENT OF HEALTH
		14478 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14483
		CERTIFICATE OF DEATH
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iat the c. I. V the at insit per		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave trise to Immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF UE TO, OR AS A CONSEQUENCE OF
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OR ATT DE RECTO IRECTO 3 sho of with		22b SIGNATURE JERRAL J. STAFF DIRECTOR
O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRI director, page 3 should be filed v		22d PHYSICIANS NAME (Type) George T. Stansbury, M.D. 22e. ADDRESS 569 Revolution St. Have de Grace, Md.
TO HOSPITAL OR ATTENPOSE 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should be filed with the	230	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 10-26-68 Henry Hill Cem Bel Hir Har Md
VR A15 (4)	24.	FUNERAL DIRECTOR ADDRESS 250. RECUBER REGISTRAR 100 35b. REGISTRAR SIGNATURE
30M REV 1 de	1 6	Fron Gew TITTLE BEL AHMADATE



47] [DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	14477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4484
FOR STATE HEALTH DEPT.	MEDICAL CAMINITER O' CERTIFICATE OF DEATH	
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offi olor with with	odmiss on) STATE aryland 13b. COUNTY Harford Bel Air YES NO PG 1201 Prospect N	Mill Road
v - v ~ ~ /~	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Losi
	H. Frank Sample Florence	SAUETS
miner s pages hours	160 WAS DECEASED EVER IN J.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (Wife) 838-3719 ADDRESS 1201	
and	(Yes, no, or unknown) (Hyes give were redotes of service) 212-03-1685 Mrs. Catherine M. Sample Bel Air,	
Exem Exem File	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
ortec ical ical ithii	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple Injuries	BETWEEN ONSET AND DEATH
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INER: e certi shauld files. 3 shou ation,	PRIMARY OR CONTRIBUTING HOUR A M. Oct. 8, 19 68 Auto Accident	
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ecessory, please execute the certine function of the certine function of the shall may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation,	white of work of at work of the building etc. highway-Bensen, Md. Bensen, Harfe	ord Co., Md.
TY please executed line in the please executed director. Page eretained for your DIRECTOR: Proposer to burial,	220. I certify that I took charge of the remains described above, held on Autopsy Inspection , Inquiry ,	and in my apinion
Por Start.	death resulted from Natural causes [], Accident 🙀, Suicide [], Ham.cide [], Undetermined manner [
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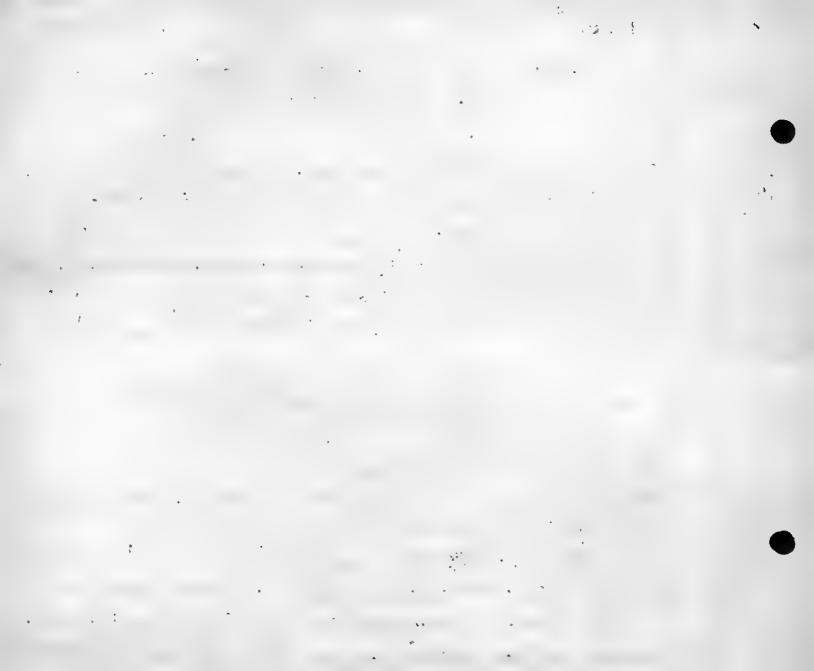
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		MAKTLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
•		14480 CERTIFICATE OF DEATH	4487
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phy on a	<u> </u>	215-12-5959A Niss Sarah Standiford, Darlington,	APPROXIMATE INTERVAL
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The law requires that the each restrificate be executed with attending physician. has been signed by the attending physician and completely to as the burial-transit permit. Then please remave carban the prior to burial, crematian, ar removal, and in any event, with	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).	
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renbing med by th Re. After to wild be do the State	1	22a. I certify that (1) (this hospital) attended the deceased from 10/18, 19-65, 10 10/19, 19-68	that (I) (we) lost
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TOR HE		causes stated abave, (1)7 (we) (did) (did not) view the body after death.	NED.
OR ATTENI be retained SIRECTOR: A le 3 should ed with the		SIGNATURE DEGREE PHYS DIRECTOR	0/62
V by by by biller	=	TZZO, PHYSICIAN'S	1 1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to		NAME (Type) Edward C. Loo, M.D. Havre de grace,	ua.
HOS UNI ecto	230	BO BURIAL, CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CHY or Town) (Count	ty) (State)
O Pariety V		BERIAL, CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (CHY or Town) (Count BERNOVAL (Specify) Oct. 22, 1968 Darlington Cemetery Darlington Harfor	d Md.
VR A15 (A)		4 FUNERAL DIRECTOR 256 REGISTRAR 256 REGISTRAR 258 REGISTRAR S SIGNATU	RE
30M REV IXE	14	Lee A. Vatterson & Son, Veryottle, Md. DAOCT 24 1968 Scharles	judge.





MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14489 CERTIFICATE OF DEATH death. hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY Harford Maryland Harford MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits. C. LENGTH OF STAY IN 16 write RURAL and give nearest town) 6 weeks Darlington Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 24 Brevin Nursing Home Deerfield Road NO 🗔 YES certificate be executed within NAME OF Middle 4 DATE remove carban With Manth Year DECEASED (Type or print) MARY JANE event, SWIFT 1968 October DEATH 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years IF UNDER YEAR IF JNDER 24 HRS NEVER MARRIED iasparthdoy) Months Female. Hours Cauc. Oct. 20,1886 K and in any WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Harford Co., Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME hen John C. Hill Melissa Jones WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT The law requires that the death Address (Yes ag, or unknown) (If yes give war or dates af service) cremation, ar 218-52-2119 Mrs. Marie Akers Darlington, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit g PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) ONSET AND DEATH DUE TO Conditions, if any which gave rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the naspital ar attending 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Heolth NO this certificate 20g ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 1B.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF NJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Heur am. factory, street, affice bldg. etc.) Nat While at work ot wark 21. I certify that (1) (this haspital) attended the deceased fram 1947, to 673, 1968 that (1) (we) last saw (the deceased alive an 673, 1968, and that death occurred ap: 30 profram causes and an the date stated abave FUNERAL DIRECTOR: 220. SIGNASURE 22b DATE SIGNED STAFF PHYS. ATTENDING Oct.4.1968 director, page 3 shauld be filed v DIRECTOR M.D. PHYS 22d ADDRESS Darlington.Md. NAME (Type) 23o. BURIAL CREMATION 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 7,1968 Dublin Southern 2 Cemetery Dublin Herford
250. REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE CO 24 FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURECO DATEOCT VR A15 (4) 25M 1/67 8 ochanles John H. Harkins 196B Delta. Pa.

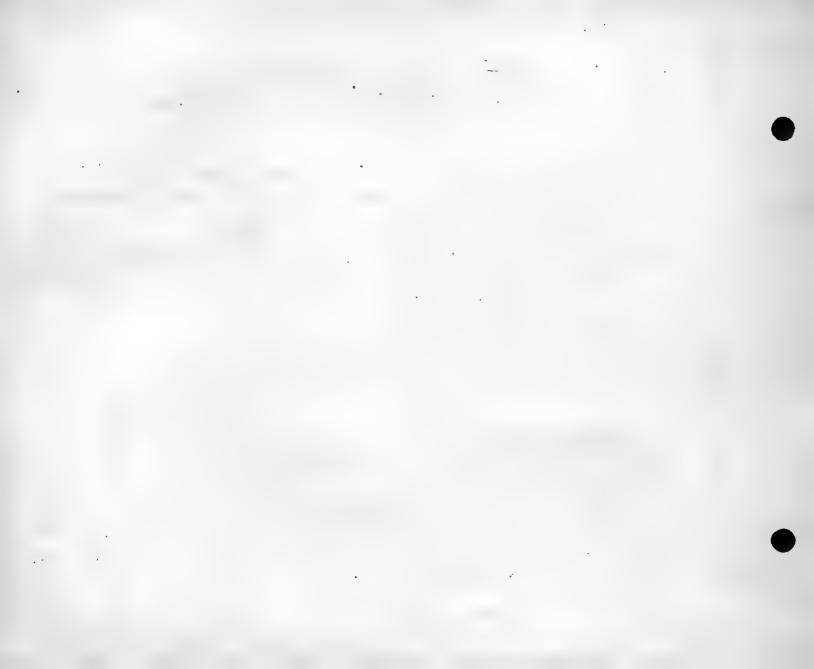




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NAME (Type) RICHARD H HELLER, CPT, MC US KIRK ARMY HOSPITAL, APG, MD.	A m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m		NAME (1YPE) RICHA			RMY HOSPITAL, APG	, MD.
22d PHYSICIAN'S NAME (Type) RICHARD H HELLER, CPT, MC 23d BURIAL, (REMATION, 1236 DAY: 10/23/186 8 Painville Peruntury 12d PHYSICIAN'S NAME (Type) RICHARD H HELLER, CPT, MC 12s ADDRESS US KIRK ARMY HOSPITAL, APG, MD. 23d LOCAT ON (City or Town) (County) (State) 12d PHYSICIAN'S NAME (Type) RICHARD H HELLER, CPT, MC 12d PHYSICIAN'S NA	HO Signer Flux hau	23a	BURIAL, CREMATION, 23b		4 /		10
10/23/1968 Plainville Demetery Plainville Indiana	55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	EUNEDA DIRECTOR	123/1860 Maint			
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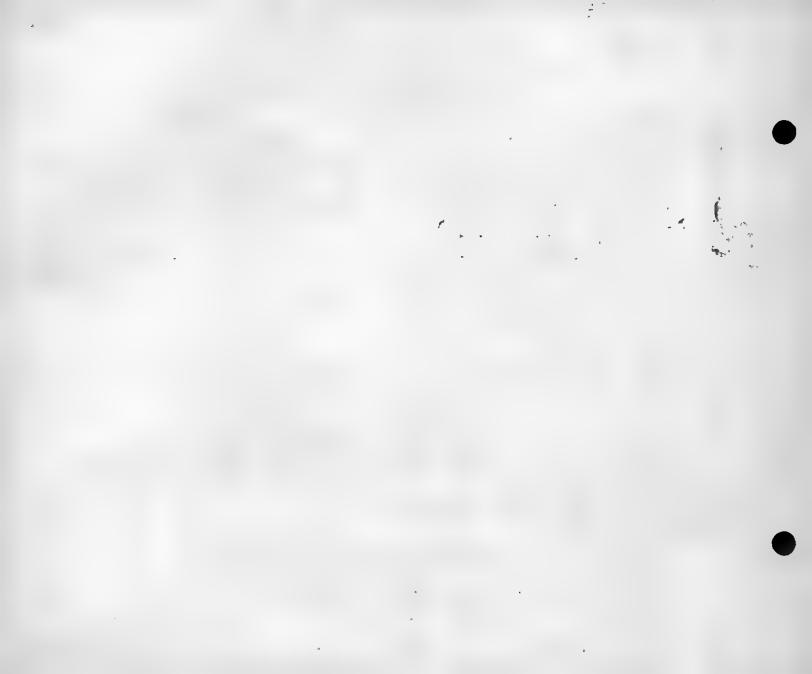


	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4492
HEALTH DERING		DECEASED NAME First Middle Lost (Waspauer) 20 DATE KNOWN Month [OF EST]	Doy Year 2b HOUR
y 15 age age	1	ENA - CO OLE VAGONEY DEATH MATED VE	271968 M
oth Ony delay is ages 1, 2, and 3 to the farm PM3. Page State Departmental	3 5	SEX 4 RACE S. DATE OF BIRTH S. DATE OF BIRTH S. DATE PRONOUNCED DEAD MONTHS ON'S HOURS MILE MONTH OF Day 27	7 Year 68 2d HO R
ny 2,	7a	BIRTHPLACE (State or Foreign 17b, CITIZEN OF WHAT COUNTRY? 18 MARRIED THEY PROPERTY OF DEATH	TA.
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ive Printer of wither the	_	USUAL RESIDENCE (Where deceased lived, it institut on Residence pefore) 133 CITY OR TOWN 134 MISSING CITY LIMITS? 136 STREET AND NUMBER	Howemaker
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Tond Affice		FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Lost
24 H		ISAAC REEdy BERTIE	BIEVING
INER: This certificate should be executed within 24 he certificate, writing the word "pending" in pencil in the should be farwarded to the Chief Medical Examiner's files. Should be used as a burial-transit permit. File pages 1 c ation, ar remayal, and in any event within 72 hours at		WAS DECEASED EVER IN U.S. ARMED FORCES? Ves. no. or unknown) (If yes give wor or dates of service) 164-18-3706 Mr. REEBET K. WAGONET DATINGTON DATINGTON.	*80 manylmid 21034
ed with personal Example 1. File him 72		18 CAUSE OF DEATH (Enter on vione couse per line for (o), (b) and (c)	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
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e ex pend if Mi		Conditions, If only, which gove	
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should be executed with word "pending" in per the Chief Medical Examburial-transit permit. File in any event within 72		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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INER INER e cer shau shau files 3 sha natiar	MEDICAL	21d NURY OCCURRED 21e, PLACE OF NURY (At home, form, street, 21f, LOCATION Street or R F D No. City or Town	County Stote
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AL EXA xecute . Page far yau JR: Pag		220 I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian
Se exector. Protect.		deoth resulted fram: Natural causes 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗍],, , , , , , , , , , , , , , , , , , ,
necessary, please extremely, please extremely, please extremely frector. S may be retained to FUNERAL DIRECTOR. Health prior to burners.		ACTUAL SIGNATURE DEVOCA C POLOMEN ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 226 DATE SE	AST
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1:0	1	00346	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	
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7. 7.		CEASED NAME First	Middle	Last	20. DATE OF DEATH	2b HOJR
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AN: The low rall of the control of t	CERTIFICATION			YES N	O CAUSES OF DEATH?	
a et ne se		21a. ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCURRED	(Enter noture of injury in Part 1 or Part	2, Item 18)
ICIAN: The low repital or attending rificate has been of for use as the of Health prior to	MEDICAL	OR CONTRIBUTING (CAUSE OF DEA) (If either, notify medical exami	TH HOUR A.M Month Day Yei iner) P.M.	19		
PHYSICIAN: e hospital or his certificate stached for u Dept of Heal	MED	21d. INIURY OCCURRED 216	PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.		D No. City or Town	County State
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by the	1	22a. I certify that (I) (th	is haspital) attended the deced	ised from 10-6,	19 <u>68</u> , ta <u>70 - 77</u> ,) apinian death accurred an the	19 <u>68</u> , that (I) (we) last
ENDING ned by the R: After uld be d the State		saw the deceased a	alive an	_19 62 , and that in (my) (aur)) apinian death accurred an the	date and havr and from the
Trie Graft		22b_SIGNATURE	e, (i) (we) (ala) (ala hai) view in	e budy uner deam.	2	2c DATE SIGNED
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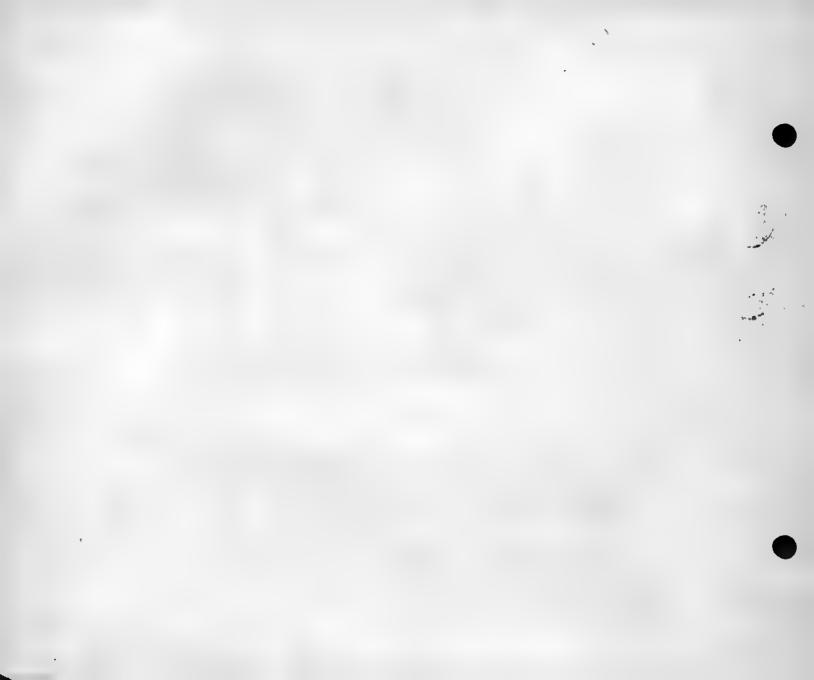




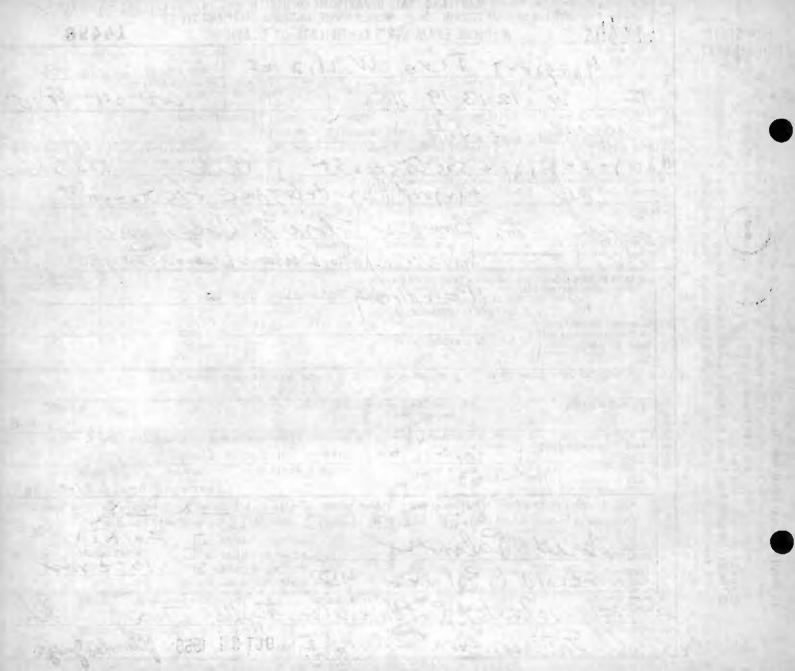
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FOR STATE		14490 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14497
HEALTH DEPT.	1 8	ECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Yeor 26 HOUR Type or Print) OF ESI.
3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		1-371 3 DEATH MATED ₩ 10 21: 1968 M
4 1 2 2 de	3 5	A RACE S DATE OF BIRTH 104 AGE (In years 15 UNDER 1 YEAR 16 UNDER 24 HRS 20 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN MONTHS DAYS HOURS MIN MONTHS DOY 24 Year 68 20 HOUR
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3 8		USUAL RES DENCE (Where deceased I ved, if institution Residence before 13 (ITY OR TOWN 136 MS-DE CTY/M P) 136 STREET AND MUMBER drission) STATE Md. 13b COUNTY # 3 + 5 + 4 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5
Haurs Office office after of	14 1	ATHER'S NAME First Middle Lost Is MOTHER'S MA DEN NAME First Middle Lost
within 29 pencil il xaminer s ile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECUR TY NO. 17 INFORMANT Bubara Weaver Temptible Itse
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), opd (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF
This certificate should be executed icate, writing the ward "pending" in be forwarded to the Chief Medical E is be used as a burial-transit permit. F ar remaval, and in any event within		Conditions, if any, which gave insert to immediate cause (a), stating the underlying cause last. Due to, or as a consequence of last.
the silt the distortion of the mind in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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s certiforwal forwal s used emava	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AJTOPSY? WAS PERFORMED? YES \(\sigma \) NO \(\sigma \)
CER: This certificate, nould be fo les should be utilities.		210. EXTERNAL CALSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
INER: te cert shoulk files 3 shau	MEDICAL	CAUSE OF DEATH PM 10-24 19 00 Surned in house fire
₹ # # # # # # # # # # # # # # # # # # #	2	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, at work At wor
ICAL EXA secute for. Page ed for ya CTOR: Page burial, cre		22a certify that I took charge of the remains described above, held an Autapsy, laspection Inquiry 🔀 and in my apinion
Se exertance of the control of the c		death resulted fram. Notural causes 🗌 , Accident 🔀 , Suicide 🗍 , Homicide 🗍 , Undetermined monner 😫
A Galler A		ACTUAL SIGNATURE SECRETARIA POR ASS STANT MEDICAL EXAMINER (226 DATE SIGNED)
ro DEPUTY necessary, p the funeral 5 may be n to FUNERAL Health prior		EXAMINER'S NAME (Type) General de Palap, - My ADDRESS (Street, city, town, or county)
TO D nece the 5 m TO FU	230 P	REMOVAL (Specify) 236 DAJE 236 NAME OF CEMETERY OR (REMATORY 23d OCATION (C ty ordown) (County) (Spine)
VR A15ME (5)	24 24	ec . Tallerson fon Bryrdle M 250 pt D BY REGISTRAR S SIGNATURE DATECT 3 1 1968 Clores Judge



/ 1	It 40	2ms 18, 2la-22a film MARYLAND STATE DEPARTMENT OF HEALTH TTERE 21 Film G406 1:	1/8/68 kk
FOR STATE		14491 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14	498
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month I	Doy Year 2b. HOUR
₹ 0 % ₽		Margarer VINE VIII DEATH MATED 10	24 1968 M
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PM3	7.	7 70 183	1 19 00 M
	cour	BRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Harford	Md.
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ofter death 3. Give Pagi along with with the Sta	世	The state of the s	HOUSTRY Cleaners
rs after death 18. Give Pages 1, e along with form 2 with the State De		USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13/CITY OR TOWN 134 INSIGE CITY LIMITS? 136. STREET AND NUMBER demission) STATE 13b. COUNTY 14 + 10 - 11 11 11 11 11 11 11 11 11 11 11 11 1	SA
fifther days	14. [FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
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hin . Fi		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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vritifi vard vard ed a	TION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item PRIMARY OR CONTRIBUTING	m 18.)
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XAMINER: The terminate of the certification of the certification of the certification of the cremation, or the certification of the cer	2	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (At home, form, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town Have de Grace	County State
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MAKILAND STATE DEPARTMENT OF HEALTH

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